

FILED IN DISTRICT COURT
OKLAHOMA COUNTYIN THE DISTRICT COURT OF OKLAHOMA COUNTY AUG 18 2020
STATE OF OKLAHOMA

GILBERT MEDICAL BUILDING LLC,

Plaintiff,

v.

TRAVELERS CASUALTY INSURANCE
COMPANY OF AMERICA, NICHOLAS
LEE BEST, and THE INSURANCE
CENTER AGENCY INC.,

Defendants.

RICK WARREN
COURT CLERK

34 _____

Case No. _____

CJ-2020-3532*

SUMMONS

To the above named Defendant: The Insurance Center Agency Inc.
c/o Registered Agent – Ronald G. Campbell
5600 N. May Ave. – Suite 300
Oklahoma City, OK 73120

You have been sued by the above-named Plaintiff, and you are directed to file a written Answer to the attached Petition in the Court at the above address within twenty (20) days after service of this Summons upon you, exclusive of the day of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for the Plaintiff(s).

Unless you answer the Petition within the time stated, judgment will be rendered against you with costs of the action.

ISSUED this 30 day of July, 20 20

RICK WARREN
COURT CLERK,
Deputy Court Clerk

(Seal)

Attorney for Plaintiff(s):

Name S. ALEX YAFFE, OBA #21063

DAVID L. TEASDALE, OBA #30307

Address: P.O. Box 890420

Oklahoma City, OK 73189

Telephone: (405) 632-6668

This Summons was served/mailed on August 10, 2020.

YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD BE CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN THE TIME LIMIT STATED IN THE SUMMONS.

RETURN OF SERVICE BY SHERIFF (PERSONAL SERVICE)

I certify that I received the foregoing Summons on the _____ day of _____, 20____, and that I delivered a copy of said Summons with a copy of the Petition to each of the following named Defendant(s) personally in _____ County at the address and on the date set forth opposite each name, to-wit:

NAME OF DEFENDANT	ADDRESS	DATE OF SERVICE
_____	_____	_____

USUAL PLACE OF RESIDENCE

I certify that I received the foregoing Summons on this _____ day of _____, 20____. I served _____ by leaving a copy of said Summons with a copy of the Petition attached at _____ which is his/her usual place of residence with _____, a member of his/her family fifteen (15) years of age or older.

CORPORATION RETURN

Received this Summons this _____ day of _____, 20____, and as commanded therein, I Summoned the _____ within _____ named _____ Defendant, as follows, to-wit: _____, a corporation, on the _____ day of _____, 20____, by delivering a true and correct copy of the Petition to _____, being the _____ of said Corporation, and the _____, President, Vice-President, Secretary, Treasurer or other chief officer not being found in said County.

NOT FOUND

Received this Summons this _____ day of _____, 20____, I certify that the following persons of the Defendant _____ within _____ named _____ not found in County: _____.

FEES

Fee for service \$ _____. Mileage _____. Total _____. Dated this _____ day of _____, 20____.

_____, Sheriff

By: _____, Deputy

CERTIFICATE OF SERVICE BY MAIL

I certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named Defendant(s) at the addresses shown by certified mail, addressee only, return receipt requested on this 7th day of August, 2020, and receipt thereof on the date shown.

DEFENDANT	ADDRESS WHERE SERVED	DATE RECEIPTED
<u>The Insurance Center Agency, Inc.</u>	<u>5600 N. May Ave. Ste 300</u> <u>OKC, OK 73120</u>	<u>8-10-2020</u>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Insurance Center Agency, Inc.
c/o Registered Agent – Ronald G. Campbell
5600 N. May Ave. – Suite 300
Oklahoma City, OK 73120



9590 9402 3972 8079 3621 87

2. Article Number (Transfer from service label)

7111 2002 6307 8535

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *RG-RA24*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

COVINGTON **8-10-20**

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☒ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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Your item was delivered to the front desk, reception area, or mail room at 12:16 pm on August 10, 2020 in OKLAHOMA CITY, OK 73112.

 **Delivered**

August 10, 2020 at 12:16 pm
Delivered, Front Desk/Reception/Mail Room
OKLAHOMA CITY, OK 73112

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Tracking History



August 10, 2020, 12:16 pm

Delivered, Front Desk/Reception/Mail Room
OKLAHOMA CITY, OK 73112

Your item was delivered to the front desk, reception area, or mail room at 12:16 pm on August 10, 2020 in OKLAHOMA CITY, OK 73112.

August 10, 2020, 12:02 am

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OKLAHOMA CITY OK DISTRIBUTION CENTER

August 9, 2020

In Transit to Next Facility

August 7, 2020, 8:11 pm

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

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